

L1700000 7738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

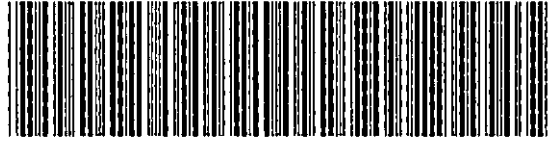
(Business Entity Name)

(Document Number)

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2/22/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2019

KIM PAUL
PO BOX 2309
SANTA ROSA BEACH, FL 32459

SUBJECT: TRIPSHOCK ENTERTAINMENT, LLC
Ref. Number: L17000007738

We have received your document for TRIPSHOCK ENTERTAINMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 919A00001764

RECEIVED
JAN 24 2019
CORPORATION DIVISION

SEP 21 10:11:13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIPSHOCK ENTERTAINMENT, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA L. DOVE-MCLAIN
Name of Person

TRIPSHOCK ENTERTAINMENT, LLC
Firm/Company

4010 COMMONS DRIVE W. SUITE 110
Address

DESTIN, FLORIDA 32541
City/State and Zip Code

SANDRA@TRIPSHOCK.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

SANDRA L. DOVE-MCLAIN at (850) 424-5125 X1008
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

* PRE-PAID - PLEASE SEE COVER LETTER.

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TRIPSHOCK ENTERTAINMENT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 10, 2017 and assigned Florida document number L17000607238.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4010 COMMONS DRIVE W.

SUITE 110

DESTIN, FLORIDA 32541

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4010 COMMONS DRIVE W.

SUITE 110

DESTIN, FLORIDA 32541

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

GREG FISHER

New Registered Office Address:

4010 COMMONS DRIVE W, SUITE 110

Enter Florida street address

DESTIN

City

Florida 32541

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	EMERALD MEMORIES, INC	35 RED BAY COURT	<input type="checkbox"/> Add
		SANTA ROSA BEACH, FLORIDA 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TSA HOLDINGS, INC	251 LITTLE FALLS DRIVE	<input checked="" type="checkbox"/> Add
		WILMINGTON, DELAWARE 19808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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